



# **Provider Eligibility Standards (PES) Packet**

Paths to QUALITY™ and CCDF Eligibility Certification for  
Preschool Classrooms in a Public School





## **Provider Eligibility Standards (PES) Paths to QUALITY™ and CCDF PES Certification**

Indiana statute IC12-17.2-3.5 requires that early care and education, preschool and Out of School Time programs meet certain basic health and safety standards, known as Provider Eligibility Standards, or PES, prior to receiving public funds through the Child Care Development Fund (CCDF) voucher program. These PES standards also make up the minimum requirements for Preschool Classrooms in Public Schools Level 1 of Paths to QUALITY™, Indiana's voluntary quality rating and improvement system.

Under IC12-17.2-7, preschool classrooms operated by a public school that wish to participate in the Indiana PreK Pilot Program must be rated at a Level 3 or Level 4 on Paths to QUALITY in order to receive these public funds. Participation in Paths to QUALITY and the PreK Pilot Program is voluntary.

For more information on the Indiana PreK Pilot Program please visit: <http://www.in.gov/fssa/4899.htm>.

Public schools interested in joining Paths to QUALITY must achieve PES certification as the first step. Once these PES standards have been verified, the public school preschool program is eligible to enroll in Paths to QUALITY at a Level 1.

For more information on Paths to QUALITY, please visit <http://www.in.gov/fssa/carefinder/2554.htm#>.

By meeting the Paths to QUALITY and CCDF certification standards explained in this packet, a public school preschool program will also be eligible to accept CCDF vouchers. The CCDF voucher program is a federal program designed to support low income families with the cost of child care while the parent/guardian is working, going to school or participating in TANF Impact activities. These vouchers can provide an additional funding stream for public schools to support low income children enrolled in the schools early learning program as well as for children ages 5-13 enrolled in before and after school care.

For more information on the CCDF program please visit: <http://www.in.gov/fssa/carefinder/3900.htm>.

If your school does not wish to accept CCDF vouchers, please complete the **Public School Paths to QUALITY only Certification Checklist**, as the standards vary slightly.

If you have any questions about this process or to begin the process please contact the Office of Early Childhood and Out of School Learning at 317-234-8882 (Beth Barrett).



## **Provider Eligibility Standards Paths to QUALITY™ and CCDF Eligibility Certification**

### **1. Fire Drills**

- Each early learning program must conduct monthly documented fire drills in accordance with the rules of the fire prevention and building safety commission.

### **2. TB Testing**

- The early learning program and any teacher, assistant teacher and volunteers shall provide results of a current intradermal tuberculosis test prior to employment or volunteer *service*.
- Early learning programs must provide a copy of the test results to the verifying agency.
- The early learning program shall maintain annual documentation from a physician reflecting the results of symptom screening for tuberculosis for any individual with a history of latent or active tuberculosis.

### **3. Emergency Plans**

- All early learning programs shall have written plans for notifying parents of illness, serious injury, or death of a provider; care in an emergency and emergency evacuation plans which are posted in the classroom where the provider operates the early learning program.

### **4. CPR/First Aid Certification**

- At least one adult shall have **annual** certification in CPR applicable to all age groups enrolled in the early learning program and is present at all times when children are present, **and**
- Each teacher/assistant teacher shall have **current certification** in First Aid.
- The school nurse may be counted as the individual onsite with CPR training.

### **5. Communication Device**

- The early learning program must have a communication device that is compatible with the time and attendance tracking system approved by the division.

### **6. Inaccessible Firearms, Poisons, Chemicals and Medications**

- The early learning program shall provide a safe environment by ensuring that firearms, ammunition, poisons, chemicals and medications are inaccessible to the children in their enrolled in the preschool.
- Firearms and ammunition shall be secured in a locked area, by a key or combination, in an area where children cannot gain access.
- Inaccessible for poisons, chemicals and medications means that in lieu of a locked (key or combination) cabinet, the items mentioned above must be kept in an area inaccessible to the children. This could mean locked closets, rooms, garages, basements or medicine boxes. Childproof locks will not be acceptable.
- All areas that are accessible to children will be inspected.

### **7. Alleged perpetrator, Child Abuse and Neglect**

- The early learning administrator, teacher, assistant teacher and volunteer shall provide evidence that they have not been named as an alleged perpetrator in the Child Protection Index. Forms will be provided that will give The Office or Early Childhood and Out of School Learning permission to check this registry.

### **8. National Criminal History Checks**

- The early learning program shall agree to National Fingerprint Criminal History Checks for the administrator, teacher, assistant teacher and volunteers who have direct contact with a children enrolled in the early learning program.



- National Fingerprint Criminal History Checks must be completed using the services of L1 (Safran) who can be reached at 877-472-6917 or [www.ibtfingerprint.com](http://www.ibtfingerprint.com). All required National Fingerprint Criminal History Checks are done at the early learning program's expense. The original receipt should be kept in the individual's file.
- All criminal history reports must be clear of any felonies and/or misdemeanors related to the health or safety of a child. As well as, any felony sex offense or other offense classified as a dangerous felony or any other felony less than 10 years old as of discharge date from probation, imprisonment or parole, and any misdemeanor related to welfare fraud.
- Early learning programs are also responsible for reporting any police investigations, arrests or criminal convictions not listed on any National Fingerprint Criminal History Check for any individual required to provide such a report.
- The early learning program shall maintain a written policy requiring administrators, teachers, assistant teachers and volunteers who have direct contact with a child enrolled in the early learning program to report any criminal convictions.
- **Documentation may not be more than 60 days old at the time a completed application is received.**

#### 9. Drug Test

- The early learning program teachers, assistant teachers and volunteers shall provide, at the early learning program's expense, results of a 5 panel drug test that documents the individual is free of the presence of illegal controlled substances.
- Drug testing shall be required prior to employment or participation in the CCDF voucher program. Additional drug testing may be required of an individual who is suspected of non-compliance.
- A provider who suspends an individual based on the results of a drug test shall maintain a written policy for reinstatement following rehabilitation and drug testing results that are negative for a prohibited substance.
- **Documentation may not be more than 60 days old at the time a completed application is received.**

#### 10. Immunizations (if not on file at the Pre-K program)

- Each child has age appropriate immunizations including Varicella and Pneumococcal vaccines. Documentation includes:
  - ✓ Names of all children (*including provider's*) enrolled in the early learning program.
  - ✓ Immunization records for each child (*includes month, day and year given for each immunization and child's birth date*).
  - ✓ The child's physician documents child is in process of receiving immunizations **or**
  - ✓ A medical exempt statement from a physician **or**
  - ✓ A religious belief exemption statement from the parent
- If it is the school's policy to collect and maintains immunization forms for children enrolled in the preschool classrooms, these forms to do need to be submitted to TCC.

#### 11. Supervision Policy

- The early learning program shall ensure that all children are continually within sight or sound at all times.
- Supervision of the children will be validated during the inspection.

#### 12. National Fingerprint Criminal History Results

- An individual's criminal history report must be clear of any felonies and/or misdemeanors related to the health or safety of a child. As well as, any felony sex offense or other offense classified as a dangerous felony or any other felony less than 10 years old as of discharge date from probation, imprisonment or parole, and any misdemeanor related to welfare fraud.



### **13. Hand Washing Standards**

- The early learning program must assure that all staff are following appropriate hand washing procedures, as defined by the Office of Early Childhood and Out of School Learning, at all times.
- This will be confirmed by observation during inspection.

### **14. Discipline Policy**

- An early learning program shall have a written discipline policy which includes the type of discipline to be used and under what circumstances it will be used. This plan must include information about how the policy will be modified to meet a specific child's age and/or abilities, if applicable.
- Parents of children enrolled shall receive a copy of this policy. The early learning program must maintain a copy of the policy, signed by the parent/guardian of the child, in the child's records.
- An early learning program shall assure all employees and volunteers are following the discipline policy.
- This will be observed during the inspection.

### **15. Unscheduled Visit**

- An early learning program shall allow parents/guardians to make unscheduled visits anytime during the hours the early learning program is in operation.

### **16. Age of teacher/assistant teacher**

- The individual is:
  - ✓ At least eighteen (18) years of age and may act as a teacher/assistant teacher without supervision of another teacher
- Is under eighteen (18) years of age and may act as a teacher/assistant teacher only if the individual:
  - ✓ Is at least fourteen (14) years of age
  - ✓ Is at all times when early learning is provided, directly supervised by a teacher who is at least eighteen (18) years of age

### **17. Orientation**

- The early learning program shall have a signed Orientation Training documenting their understanding of orientation topics. (Sample form including required topics may be obtained is included in this packet)
- Prior to employment or volunteer duties each employee or volunteer must receive a formal orientation to the school and the early learning program.
- The early learning program shall document the completion of teacher, assistant teacher and volunteer orientation training.
- An early learning program shall maintain documentation of teacher, assistant teacher and volunteer orientation training with the employee/volunteer's records.

### **18. Employee Records**

- An early learning program shall maintain documentation of all required teacher, assistant teacher and volunteer training.
- An early learning program shall maintain documentation of teacher, assistant teacher and volunteer orientation training with the employee/volunteer's records.
- An early learning program shall make the documentation available to the Office of Early Childhood and Out of School Learning or its authorized representative, The Consultant's Consortium, Inc., upon request.

### **19. Reporting Child Abuse and Neglect**

- An early learning program shall provide to all teacher, assistant teachers and volunteers of the early learning program written material provided by the Office of Early Childhood and Out of School Learning in regards to reporting child abuse and neglect.



- A teacher, assistant teacher and volunteer of the early learning program who has reason to believe that a child in their care is a victim of child abuse or neglect shall make a report as required under IC 31-33-5.

## **20. Reporting Injury and/or Death of a Child**

- An early learning program shall immediately notify the parent or legal guardian of a child in the early learning program concerning any of the following that occur during the hours that a child is in the early learning program
  - ✓ Bodily injury
  - ✓ Serious bodily injury
  - ✓ Death of a child
- The early learning program shall notify the division:
  - ✓ Not more than twenty-four (24) hours after the occurrence for bodily injury and serious bodily injury.
  - ✓ Immediately after the occurrence of the death of a child.

***Definition of a volunteer:*** As defined in IC12-7-2-199.2, a volunteer is an individual who, without compensation, provides services to an early learning program for at least 8 hours per month.

- If an individual is not a volunteer, they are considered a guest. A guest **may not** be left alone with a child enrolled at the early learning program at any time and may not be counted in staff to child ratios.



## **Possible Changes to Your Ability to Participate in the CCDF Voucher Program**

Your PES certification is dependent on your continued compliance with IC12-17.2-3.5. Failure to maintain compliance with the PES standards can result in the issuance of a Notice of Order and/or a CCDF decertification. Decertification from the CCDF voucher program can also impact your ability to participate in Paths to QUALITY.

IC12-17.2-3.5 also outlines certain conditions which may place the child(ren) enrolled in your early learning program at risk and can result in Emergency Decertification. If these conditions exist, you will be unable to receive CCDF payment effective immediately. Emergency Decertification may also impact your ability to participate in Paths to QUALITY.

Additionally, this law includes reasons for revocation of your ability to receive CCDF payment. If it is determined the applicant has given false statements on an application or any records required by FSSA, there are credible allegations the program has committed fraud, or if criminal charges of fraud have been filed against the program your CCDF eligibility will be revoked. If this happens, you will not be able to reapply to become a CCDF Eligible Provider for at least 2 years. CCDF revocation will impact your ability to participate in Paths to QUALITY.

For more information on the CCDF program visit: <http://www.in.gov/fssa/carefinder/3900.htm>



## *Provider Eligibility Standards Team Contact Information*

Mailing Address:

PO BOX 1186  
Indianapolis, IN 46206-1186

Phone Number: 1.317.638.7095

Toll Free: 1.866.921.6623

Fax Number: 1.317.972.0351

Toll Free Fax: 1.866.642.8002

Email: [PES@e-tcc.com](mailto:PES@e-tcc.com)





*Please Keep This Information Sheet For Your Records.*

**\*\*\*\*\*IMPORTANT INFORMATION BELOW\*\*\*\*\***

**PLEASE READ THIS ENTIRE PAGE BEFORE COMPLETING ANY OF YOUR DOCUMENTATION**

Your application must be completed within 60 days. If the application is not completed within the 60 days TCC will return all documentation and you will be required to submit a new application with updated documentation. .

Sample Forms contained in this packet are provided for your convenience; however, you may use any form that meets the requirements of the standard.



# **First Aid and CPR Requirements**

## **First Aid**

The American Red Cross and National Safety Council classes are approved; however, they must include demonstration of skills. Therefore, online classes may not be accepted.

If another entity or individual is offering the course, it must cover the following:

- ✓ Choking
- ✓ Bleeding
- ✓ Artificial Breathing
- ✓ Poisoning
- ✓ Seizures
- ✓ Shock

All courses must also require the pupil to complete a return demonstration of skills. These courses must be taught by a licensed R.N., L.P.N., M.D., D.O., E.M.T. Paramedic or a certified First Aid Instructor. The provider must submit proof of all of the above requirements to meet the PES requirement.

## **CPR**

The American Red Cross and National Safety Council classes taught by certified instructors are approved; however, they must include demonstration of skills. Therefore, online classes may not be approved.

All other CPR courses must meet and document compliance with the JAMA (Journal of American Medical Association) standards and be taught by a certified CPR instructor. The course should require that participants demonstrate skills on mannequins as well as pass a written or oral test.

If you are obtaining instruction from the American Heart Association you must complete the certification process. Your card must state certification, not participation.

**PLEASE NOTE:** CPR training should be complete for all ages of children enrolled in the preschool program. CPR *must* be completed annually despite the expiration date on your CPR certification card. The school nurse may be counted as the individual certified in CPR for the preschool.



*Please Keep This Information Sheet For Your Records.*

**PES Checklist for Public Schools**  
**Paths to QUALITY Enrollment and CCDF Certification:**

**School representative must submit the following documentation to the TCC office.**

**The Consultants Consortium (TCC)**

**PO BOX 1186**

**Indianapolis, IN 46206-1186**

Fax Number: 1.317.972.0351

Toll Free Fax: 1.866.642.8002

Questions: 317.638.7095

Toll Free: 1.866.921.6623

\_\_\_\_\_ **Form A:** Public School PES Cover letter

\_\_\_\_\_ **Form B:** Staff Worksheet for the preschool administrator/teacher/assistant teacher/volunteer

\_\_\_\_\_ Written Supervision Policy for employees/student assistants under the age of 18

\_\_\_\_\_ Copy of Discipline Policy (Sample available)

\_\_\_\_\_ Proof of Current First Aid and Annual CPR (Online only classes are not accepted-Demonstration of Skills Required)

\_\_\_\_\_ Drug Test Results- The Results must have a Medical Review Officers Signature and should be no more than 60 calendar days old based upon the hire date of the employee or volunteers. A Negative Dilute result requires a second drug test to be taken.

\_\_\_\_\_ Results of a TB Test, signed by a physician or nurse practitioner

\_\_\_\_\_ Picture ID- Preferably a State Driver's License or State ID – The ID must show the Date of Birth for preschool director/administrator and all preschool staff/volunteers

\_\_\_\_\_ A copy of the signed receipt from L1 (Safran) for Fingerprint Criminal Background Check for preschool director/administrator and all preschool staff/volunteers to document proof of fingerprinting. (DO NOT SEND THE ORIGINAL) See information on page 2 for regarding checks for individuals less than 18 years of age.

\_\_\_\_\_ State Form 53323- Consent for Child Protection Index Check and Sex Offender Registry for preschool director/administrator and all preschool staff/volunteers.

**Your application must be completed within 60 days. If the application is not completed within the 60 days we will return all file documentation and you will be required to submit a new application with updated documentation.**



**\*\*IMPORTANT INFORMATION: Juvenile Criminal History Checks\*\***

The National Fingerprint Criminal History Check that is completed through L1 (Safran) can only be completed for individuals 18 or older or individuals previously waived to adult court. If you have an employee under the age of 18 the following steps must be completed to obtain their Statewide Criminal History Check.

1. The Parent must complete State Form 8053- Review Challenge Section.
2. Parents must provide a copy of the completed form and a copy of the money order to you.
3. Preschool will submit these copies to TCC.
4. Parents must mail the completed form and money order to the address on the form.
5. Parents will receive the criminal history check results back in the mail.
6. Parents must provide the preschool a copy of the results
7. You will submit copy of these results to the TCC office within 60 days of your PES approval.



**Site Visit PES Inspection Checklist**  
**For Preschools in a Public School**  
**Paths to QUALITY and CCDF Certification**

**THESE ITEMS WILL BE VERIFIED DURING THE SITE VISIT.**

- \_\_\_\_\_ **Form 1-** Posted evacuation plan in case of fire or severe weather
- \_\_\_\_\_ **Form 3 -** Posted monthly fire drill chart
- \_\_\_\_\_ **Form 4-** Posted emergency telephone numbers
- \_\_\_\_\_ **Form 5-** Emergency contact information for children enrolled in the preschool and maintained in each child's file
- \_\_\_\_\_ Verification all firearms and ammunition inaccessible to children
- \_\_\_\_\_ Verification all medications, poisons, chemicals, bleach, cleaning materials are inaccessible to children
- \_\_\_\_\_ Proof of Orientation signed by signed by administrator/ staff /volunteers and maintained in the staff files. (Sample available)\*
- \_\_\_\_\_ Child's Immunization Records maintained in the child's file
- \_\_\_\_\_ Discipline Policy signed by a parent/guardian and maintained in the child's file\*

\* These items may be mailed in with the other required documentation if this is preferred by the school.



## FORM A

# Preschool Classroom in Public School PROVIDER ELIGIBILITY STANDARDS COVER SHEET



\*\*\* This form should accompany all forms sent, scanned or faxed to TCC to meet Provider Eligibility Standards\*\*\*  
PLEASE USE SECURE FAX OR MAIL WHEN SENDING CONFIDENTIAL DOCUMENTS

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From:	[Type the name of the School Corporation]
Phone:	[Type the sender phone number]
Fax:	[Type the sender fax number]
Preschool Name:	[Type the name of the Preschool]
Date:	[Type in today's date]
To:	Christy Christianson
Phone:	<b>317.638.7095 TOLL FREE 1.866.921.6623</b>
Fax:	<b>317.972.0351 TOLL FREE 1.866.642.8002</b>
Company Name:	TCC
TCC Email Address	<a href="mailto:PES@e-tcc.com">PES@e-tcc.com</a>
TCC Mailing Address	TCC P.O. Box 1186 Indianapolis, IN 46206-1186

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**Comments:**  
[Type comments]



## FORM B

### Teacher/ Assistant Teacher/Volunteer Worksheet

Early Learning Program Name: \_\_\_\_\_ Pre-School Director/Administrator Name: \_\_\_\_\_

Please attach **copies** of identification (i.e. driver license) of the director/administrator, staff and volunteers.

Printed Staff Name	Birth Date	Current Age	Documentation of Orientation	Age Appropriate CPR Training	First Aid Training	Included on State Form 53323
Pre-School Director/Administrator Name:						
Staff :						
Staff:						
Staff :						
Staff:						
Staff :						
Staff:						
Staff :						

I certify that the individuals listed on this staffing form are the only persons employed or volunteering at this early learning program at this time. I understand that should staffing changes take place after certification; the appropriate documentation will be collected and made available to the TCC. Failure to stay in compliance with staffing documentation requirements will be considered a CCDF non-compliance and could result in the loss of PES certification.

Director/Administrator signature \_\_\_\_\_ Date \_\_\_\_\_



# SAMPLE FORMS

- ❖ These forms are provided for your convenience. They may be used as templates or you may use your own forms. All required information must be included.







## FORM 2

### Monthly Fire Drill Log

Staff Signature \_\_\_\_\_

Date	Time	Weather Conditions at Time of Fire Drill	Number of Children Present	Length of Time to Evacuate	Attendance Taken at Gathering Place	Name of Person Conducting Drill

**FIRE DRILLS MUST BE CONDUCTED MONTHLY AND THIS LOG AVAILABLE FOR THE VERIFYING AGENCY**

*This form or one similar to it should be posted in your facility and will be verified by TCC during the Provider  
Eligibility Standards Certification visit.*



## FORM 3

Early Learning Program Name \_\_\_\_\_

### Emergency Contact Information to Be Posted By the Phone

Fire: 911 or (\_\_\_\_) \_\_\_\_\_

Ambulance: 911 or (\_\_\_\_) \_\_\_\_\_

Police: 911 or (\_\_\_\_) \_\_\_\_\_

Poison Control: 1-800-222-1222

Our address is:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Our Phone Number is: (\_\_\_\_) \_\_\_\_\_

If a child should need immediate medical assistance I will contact a rescue squad or hospital at 911 or (\_\_\_\_) \_\_\_\_\_. I will contact the parents of the injured or ill child to let them know their child's condition.

Transportation to the doctor or hospital will be provided by \_\_\_\_\_ (name the method of transportation to be used, such as personal car, rescue squad, or taxi)

*This form or one similar to it will be verified by TCC.*



## FORM 4

Early Learning Program Name \_\_\_\_\_

### Emergency Contacts for Children

Child's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Primary Contact \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Beeper \_\_\_\_\_

Alternate Contact \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Beeper \_\_\_\_\_

Alternate Contact \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Beeper \_\_\_\_\_

Special medical health need(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***This form or one similar to it will be verified by TCC during the Provider  
Eligibility Standards Certification visit.***



## CHILD'S RECORDS WORKSHEET

**NOTE:** You must maintain files for ***all*** the children enrolled in the early learning program which includes a signed discipline policy, emergency contact information for the child's parent and immunization records (if applicable). These records will be reviewed by a representative from the verifying agency, TCC.

Child's Name	Childs Date of Birth	Immunization Record	Date of Immunization Completion (not older than 1 year)	Discipline Policy Signed
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>



Early Learning Program Name \_\_\_\_\_

## **ORIENTATION FOR STAFF OR VOLUNTEERS**

Employee Name \_\_\_\_\_ Position \_\_\_\_\_

Date of Hire \_\_\_\_\_ Orientation Date \_\_\_\_\_ Start Date \_\_\_\_\_

### **THE FOLLOWING TOPICS WERE DISCUSSED WITH THE NEW EMPLOYEE:**

- ❖ Names, ages, specific needs of children assigned, including food allergies
- ❖ Location of children's records
- ❖ Children's emergency information
- ❖ Received documentation provided by FSSA regarding reporting Child Abuse and Neglect
- ❖ Supervision Policy
- ❖ Discipline Policy
- ❖ Safe Sleep Practices
- ❖ Medication storage and use
- ❖ Illness Policy including when to exclude children due to illness
- ❖ Diapering Procedures
- ❖ Hand Washing Procedures
- ❖ Cleaning, sanitizing, disinfecting procedures
- ❖ Location of emergency numbers
- ❖ Location of first aid supplies
- ❖ Smoking, Alcohol and Drug Policies
- ❖ Emergency evacuation procedures
- ❖ Location and operation of fire extinguishers
- ❖ Location and operation of smoke detectors for testing during drills
- ❖ Emergency procedures for bad weather
- ❖ Location and operation of gas, electric and water shut-off
- ❖ Other \_\_\_\_\_
- ❖ Other \_\_\_\_\_

Signature of Employee/Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

This form must be signed and kept in the employee/volunteer file

**. This form or one similar to it will be verified by TCC.**



## DISCIPLINE/GUIDANCE POLICY

**Early Learning Program Name** \_\_\_\_\_

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, I may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, I will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, I will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***This form or one similar to it will be verified by TCC.***